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**\*BIBDATASHEET\***

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**CONFIRMATION NO. 4757**

SERIAL NUMBER 09/523,033	FILING OR 371(c) DATE 03/10/2000 RULE	CLASS 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. P-IM-4082
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 08/482,454 06/06/1995 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 05/09/2000**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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**TITLE**

METHOD FOR INCREASING HDL CHOLESTEROL LEVEL

FILING FEE RECEIVED 830	<p>FEES: Authority has been given in Paper          No. _____ to charge/credit DEPOSIT ACCOUNT          No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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